

CHEATHAM (W.)

Ophthalmia Neonatorum, by Wil-
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Laryngology in the Louisville
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PEDIATRICS



OPHTHALMIA NEONATORUM.

By WILLIAM CHEATHAM, M.D.,

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IN this short paper on Ophthalmia Neonatorum I will give only the treatment that has given me the most satisfaction: On first seeing a case of ophthalmia neonatorum, I warn all the attendants of the danger to their own eyes as well as to those of the patient. Some years ago I saw a grandmother lose both eyes as the result of inoculation from her grandchild, not having been warned of this danger, although the patient made a perfect recovery. On first seeing the case, I order (1) a saturated solution of boric acid, for frequent cleansing; (2) glyceride of tannin, 3 i, aqua dest. q. s., $\frac{3}{4}$ i; (3) atropia sulph. gr. ss., saturated solution acid boric, $\frac{3}{4}$ ss., and (4) argent. nitrate gr. ii, gr. iv, or gr. vi, to aqua dest., $\frac{3}{4}$ ss. Four droppers are ordered, and the nurse is directed to put on one bottle a red or some colored string, with a corresponding color on the dropper used in that medicine, so the droppers and medicine cannot become mixed. Acid boric gr. xv, vaseline $\frac{3}{4}$ i, is ordered to be used on the lids to prevent glueing and to protect the skin during the frequent bathing. The bottles are numbered 1, 2, 3, 4 and 5. No. 1 is the boric acid, No. 2 tannic acid, No. 3 atropia, No. 4 argent. nitrate, No. 5 salt water. The following directions are given, the numbers on the bottles only used: Bathe eyes well with No. 1 (boric acid solution) every hour; four times a day, after No. 1 has been used, drop into each eye three or four drops of No. 2 (glyceride of tannin); this cleanses the *cul de sacs* well; the lids should be manipulated thoroughly, and the secretions will come out in coagulated threads; the eyes are to be washed out with No. 1 (boric acid solution again); night and morning No. 3 (atropia solution) is to be dropped in; I do not wait for involvement of cornea and iris. Four times a day No. 4 (argent. nitrate solution) is used after No. 2 (glyceride of tannin) is used, and the lids manipulated well, so as to reach the *cul de sacs*; immediately afterwards, the eyes are flushed well with sodium chloride 3 i, aqua Oi. Then the lids are well covered with the ointment.

The glyceride of tannin serves a double purpose; by coagulating the secretion it acts as a cleanser, and then its action on the inflamed mucous membrane is favorable. Hydrogen dioxide is



sometimes used for the same purpose; I think its use dangerous, as it seems to have an unfavorable action upon the corneal epithelium, softening it and producing abrasions, which are followed by sloughs, loss of vision, etc.

I direct that nothing be used about the eye for cleansing, such as sponges, but instead old linen and clean surgical cotton, or such material as can be burned. When there is much edema of the lids, hot or cold applications are of much service. Recently I have had most excellent results from the use of Formol 1 to 4,000 or 1 to 5,000 sol. In ulceration of the cornea, Formol gives most wonderful results.

When these directions are followed from the first day of the disease, I believe no eyes will be lost.

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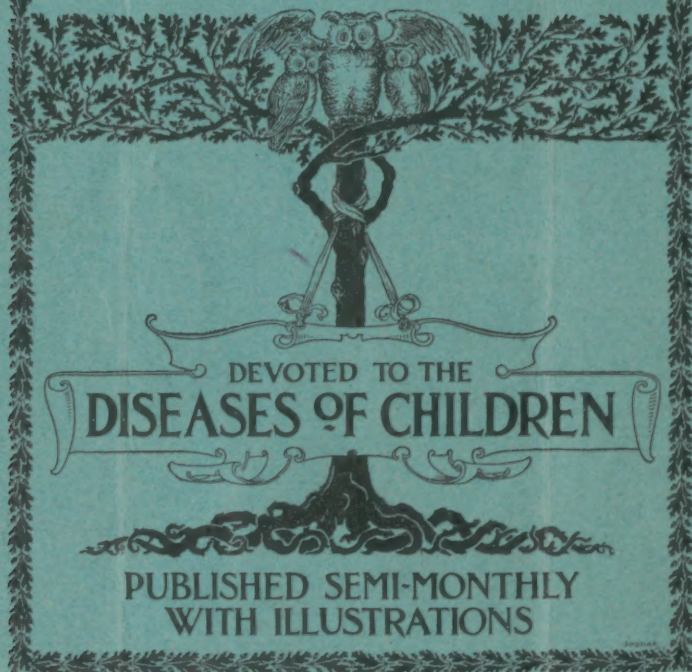
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